Declaration

submitted

with Initial

Not yet assigned

Declaration

required)

Submitted after Initial

Filing (surcharge

37 CFR 1.16 (e))

Attorney Docket Number	PCS22013AFAE					
First Named Inventor	Alasdair Mark NAYLOR					
COMPLETE	IF KNOWN					
Application Number	Not yet assigned					
Filing Date	Filed Herewith					
Group Art Unit	Not yet assigned					

1	As a below named inventor, I hereby declare that:										
	My residence, post office address, and citizenship are as stated below next to my name.										
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
	TREATMENT OF MALE SEXUAL DYSFUNCTION										
ı		· · · · · · · · · · · · · · · · · · ·		(Title of the Invention)							
	the specification of which is attached hereto OR			,	I Clada - Analization No	mbor or PCT Intern	pational				
	was filed on (MM/DD/	/YYYY)		as United	States Application Nu	Imper or PC1 interi	lational				
	Application Number and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.										
	I acknowledge the duty to dis	sclose informatio	n which	is material to patentability as de	etined in 37 CFR 1.5	00.					
	certificate, or 365(a) of any f	PCT internationa	al applica	C. 119(a)-(d) or 365(b) of any for ation which designated at least c , by checking the box, any foreig g date before that of the applicati	ne country offer the n application for pa	tent or inventor's	1103 01				
r	or of any PCT international application having a filing date before that of the application on which priority is claimed. Prior Foreign Application Number(s) Country Coun										
	Number(s)	Country	/	(MM/DD/YYYY)	1101 Glaillie	YE2					
6	Number(s) 030647.2	GB Country		(MM/DD/YYYY) 12/15/2000		YES					
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Examiner Name

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PTO/SB/02B (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Supplemental Priority Data Sheet

Additional foreign applications:								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy	Attached? NO			
0120679.6	GB	08/24/2001		X				
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Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION Utility or Design Patent Application												
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 U.S.C. 1.56, which became available between the filing date of the prior application and the national or PCT International filing date of this application.												
U.S. Parent		Parent Filing Date (MM/DD/YYYY)				Parent Patent Number (if applicable)						
09/895,367				06/29/2001								
09/905,846				07/13/200	1							
Additiona	U.S. or PCT I	International appl	ication num	bers are listed o	on a supp	lementa	l priority da	ata sheet	PTO/SB/	02B atta	ched here	lo
As a named in	ventor, I hereby	appoint the follo	wing registe	ered practitioner	r(s) to pro	secute t	his applica	tion and	to transac	ct all bus		
and Trademark	Office connec	ted therewith:		mer Number	}			Place Customer Number Bar Code				Place Customer lumber Bar Code
				ered practitioner(s) name/registration number listed belov				below	Label here			
	Name		E d regio	Registration		lorregion	and i rigini	Name			—	Registration
	Name			Number	· 		_	Name				Number
Peter C. Ric	chardson			27,526		Α	. Dean (Olson				31,185
Allen J. Spi				25,749			lervin E.			j		32,723
Paul H. Gin				28,718			alerie M				•	33,688
J. Trevor Lu				28,567			ryan C.			ł		34,462
James T. Jo				30,561 30,977			obert T. . Timoth			j		36,257 39,156
Gregg C. B Robert F. S				31,304			lan L. K		Jan	1		37,371
Grover F. F	•			31,760			olene W		man	- 1		35,428
Karen DeBe				32,977			ristina L			J		37,864
Lorraine B.		·		35,251		s	eth H. J	acobs		į		32,140
Garth Butte	rfield	İ		36,997			lartha A.			- 1		31,820
Carl J. God				39,203			Gregory P. Raymer			.]	36,647	
Raymond N				26,810			E. Victor Donahue			ł		35,492
Jennifer A. Kispert				40,049			Roy F. Waldron Todd M. Crissey			ł	42,208 37,807	
Israel Nissenbaum Adrian G. Looney			•	27,582 41,406			Deborah A. Martin			}	44,222	
A. David Jo	•			37,858			effrey N.			Į		41,213
Lawrence (28,587			Isa Diua			l		45,963
Gabriel L. F				40,681			Michelle A. Sherwood]		36,271
Donna R. G							Arlene K. Musser				37,895	
Addition	nal registered p	oractitioner(s) nar	ned on supp	olemental Regis	tered Pra	actitioner	Information	on sheet F	TO/SB/0	2C attac	ched hereto).
Direct all con	respondence			mer Number Code Label				OR	⊠ c	orrespond	lence address below	
Name	Gregg C. B	enson										
Address	Pfizer Inc.			· · · · · · · · · · · · · · · · · · ·								
Address		artment, MS 41	59 Easter	m Point Road			······					
City	Groton			State		СТ			Zip C	ode	06340	
Country		es Of America		relephone		1-(860)-441-49	01	Fax		1-(860)-	441-5221
believed to to punishable by application or	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.											
	le or First In			has been filed	for this	unsign	ed invent					
		(first and middl	e [it any])			~=		Famil	y Name	or Sun	name	 -
Alasdair Ma Inventor's	ark	(H	1/5	1 1 1	NAYL	OR _				Date		oi october 2001
Signature Residence: City Sandwich Sta				Count	· of Vol	2 C	ountry	GB		Citizenship		CB
		Sandwich				June y	GB		Citizenship GB			
Post Office				ch and Deve	eiopme	3118						
Post Office	Address	Ramsgate F		L Court of	—		F42 0311	T 6=		ENIC	AND	
City		Sandwich	State	County of Kent	Zip	CT	Γ13 9NJ	Cou	ntry	ENGL	AND	
Addition	onal inventor	s are being nar	ned on the	supp	lementa	l Additio	onal Inve	ntor(s) s	heet(s)	PTO/SE	3/02A atta	ched hereto.



DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

1												
	Name of Additional Joint		A petition	ition has been filed for this unsigned inventor								
- 1	Given Name (first and middle [if any])					Family Name or Surname						
1	Pieter Hadewijn				VAN DER GRAAF							
	Inventor's Signature		Pre	7	H.	VAU	DER (RAAS-	Date	01 october 2001		
	Residence: City	Sandwich	Sta	ate	County o	f Kent	Country	GB	Citizenship	NL		
	Post Office Address	Pfizer Global Research and Development										
	Post Office Address	Ramgate Road										
	City	Sandwich	State	Co Ke	ounty of ent	Zip	CT13 9NJ	Country	ENGLAND			
1	Name of Additional Joint	Inventor, if ar	ıy:		A petition	on has bee	n filed for this	s unsigned inver	tor			
- 1	Given Name (f	irst and middle	[if any])		Family Name or Surname						
Ì	Christopher Peter	`				WAYMAN						
	Inventor's Signature	Chistope Q				to	vey-	 =	Date	01 october 2001		
14	Residence: City	Sandwich	Sta	te	County o	f Kent	Country	GB	Citizenship	GB		
12	Post Office Address	Pfizer Global Research and Development								<u> </u>		
The State of	Post Office Address	Ramsgate Ro	ad									
Jane Hills	City	Sandwich	Sta	te	County of Kent	Zip	CT13 9NJ	Country	ENGLAND			
free free	Name of Additional Joint	Inventor, if ar	ıy:		A petition	on has bee	en filed for this	s unsigned inver	itor			
	Given Name (first and middle [if any])							Family Name				
T.	Inventor's Signature				<u> </u>				Date			
44	Residence: City				State		Country	· · · · · · · · · · · · · · · · · · ·	Citizenship			
And the	Post Office Address				L	·	L	L	<u> </u>	<u> </u>		
	Post Office Address								· · · · · · · · · · · · · · · · · · ·			
	City		Sta	te		Zip		Country				
	Name of Additional Joint	Inventor, if ar	ıy:		A petiti	on has bee	en filed for thi	s unsigned inver	ntor			
ı	Given Name (f	irst and middle	[if any])				Family Name				
	Inventor's				:				Date			
	Signature Residence: City	State				ı——-	Country		Citizenship			
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	City		Sta	te		Zip		Country				